

Freedom of Information Request

Requestor's
Name _____

Date
Received _____

Address _____

Office _____

Telephone
Number _____

Person Receiving Request _____
Name Title

Records Request (be specific): _____

Indicate inspection/copy of records: ☐ Inspection ☐ Copy

Do you want certified copies: ☐ Yes ☐ No

Signature of Requestor _____

The office will respond to a request for public records within 7 working days after its receipt. If your request is denied, you may appeal. Appeals should be addressed to the Chairman of the County Board.

For office use only

Response: _____

Records Available: ☐ Yes ☐ No

Copies Made: ☐ Yes ☐ No

Request denied/reason: _____

How many: _____

Fee: _____

Signature: _____

Date: _____

Comments: _____